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JUL 30 2007

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IAP95

Effective on 02/08/2004.

Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2007

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 2290)

Complete if Known

Application Number	10/757,633
Filing Date	January 14, 2004
First Named Inventor	Demir et al.
Examiner Name	Aristocratis Fotakis
Art Unit	2611
Attorney Docket No.	I-2-0546.1US

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 09-0435 Deposit Account Name: InterDigital Comm. Corp.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES
Fee Description

Each claim over 20 (including Reissues)

<u>Fee (\$)</u>	<u>Small Entity</u>
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
25	12.5
100	50
180	90

Multiple dependent claims

Multiple Dependent Claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
39	- 20 or HP = 18	x 50	= 900

HP = highest number of total claims paid for, if greater than 20.

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
50	25
200	100

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
6	- 3 or HP = 3	x 200	= 600

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 = _____	/ 50 = _____ (round up to a whole number)	x _____	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Request for Continued Examination Fee

790

SUBMITTED BY

Signature	<i>Scott Wolinsky</i>	Registration No. 46,413 (Attorney/Agent)	Telephone 215-568-6400
Name (Print/Type)	Scott Wolinsky		Date July 27, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.